

DIVISION ON CIVIL RIGHTS, MDRR UNIT, P.O. BOX 089, TRENTON, NEW JERSEY 08625-0089

2003 MULTIPLE DWELLING REPORTING FORM

For the period of: January 1, 2003 to December 31, 2003

AFFIX COMPLEX
CODE HERE

1. Block No.:_____ Lot No.:_____
2. Name of Development: _____ County of: _____
3. Street Address(es): _____
4. Owner(s) of Development: _____
5. Owner Street Address(es): _____
6. Owner City: _____ State: _____ Zip: _____
7. Name of agent for service of process in New Jersey if not the same as owner: _____
8. Agent Street Address(es): _____
9. Agent City: _____ State: _____ Zip: _____

10.	UNIT BREAKDOWN	TOTAL	STUDIO	1 BR	2 BR	3 BR	OTHER
	a. Number of Units						
	b. Minimum Rent (monthly)						
	c. Maximum rent (monthly)						
	d. Utilities included	N/A	E-H-HW-G	E-H-HW-G	E-H-HW-G	E-H-HW-G	E-H-HW-G
11.	RACIAL BREAKDOWN	TOTAL	STUDIO	1 BR	2 BR	3 BR	OTHER
	a. No. of African American or Black Families						
	b. No. of Hispanic or Latino Families						
	c. No. of Asian Families						
	d. No. of American Indian or Alaskan Native Families						
	e. No. of Native Hawaiian/Pacific Islander Families						
	f. No. of White or Caucasian families						
	g. No. of turnovers this reporting period						

12.	APPLICANTS	Black	Hispanic	Asian	Indian/Alaskan	Hawaiian/Pacific Islander	White
	a. Applicants this reporting period						
	b. Applicants accepted this reporting period						

13. Do you own and/or manage any other apartment complexes in New Jersey with 25 units or more? Yes ____ No ____ . If the answer is yes, please contact the Division on Civil Rights or download another form from the Division’s web site at www.njcivilrights.org. A separate report from must be submitted for each complex of 25 units or more.

14. RECRUITING TECHNIQUES

a.	NEWSPAPER OR OTHER PUBLICATIONS	R	C	0	S

b.	NAME OF ORGANIZATION	TOTAL REFERRED	RACIAL DESIGNATION

c.	PLEASE LIST OTHER RECRUITING TECHNIQUES

15. Is the building or development federally subsidized (Section 8) by HUD or any other government agency? If yes, provide the name of your HUD monitor _____
16. Is the building or development accessible to the disabled? If so, provide number and size of units designed to accommodate disabled persons. State to what extent the building or development is accessible. _____

CERTIFICATION

I certify that this report is accurate and complete to the best of my knowledge, information and belief. I understand that if any of the information contained herein is willfully false, I am subject to punishment.

DATE: _____	Signature/certification	PRINT NAME CLEARLY	Title
Telephone Number	Address of person filing report	City	State Zip
Fax Number	E-mail Address/Web Address		

The above signatory binds the principal or principals of the above-captioned development to the responses given. Any persons who fail to comply with the requirements of the Multiple Dwelling Reporting Rule may be subject to the penalty provisions under the Law Against Discrimination. *N.J.S.A.* 10:5-8(I), 10:5-19, 10:5-26.

If property has been sold, it is mandatory to submit the new owner’s name and address to the Division on Civil Rights

If you have any questions, please call (609) 984-3138
INSTRUCTIONS FOR COMPLETING 2003 MDRR REPORTING FORM

This report shall provide information for the 12 month period of January 1, 2003 through December 31, 2003.

1. Provide Block and Lot number as indicated on your tax records.
2. Provide the name of the building or development for which the form is completed if the label is incorrect.
3. Fill in the street address, city, state, county and zip code for the location of the building or development if the label is incorrect.
4. Provide the names of the individuals, corporations, partnerships, or other business organizations that own the building or development named in your response to question #2.
5. Provide the street address(es) of all owners identified in #4.
6. Provide the city, state, and zip code for the owners identified in #4.
7. Provide the name of the person who acts as agent for service of process for the development.
8. Provide the street address(es) of the agent identified in #7.
9. Provide the city, state and zip code of the agent identified in #7.
10. Fill in the chart in the following manner:
 - a. Fill in the total number of units in each apartment category in the apartment building or development.
 - b. Fill in the minimum monthly rent that is presently charged in each apartment category in the apartment building or development.
 - c. Fill in the maximum monthly rent that is presently charged in each apartment category in the apartment building or development.
 - d. Circle those utilities, if any, which are included in the rent in each apartment category in the apartment building or development.
E-Electricity; H-Heat; HW-Hot water; G-Gas.
11.
 - a. Fill in the number of **Black or African American (a person having origins in any of the original peoples of Africa)** families presently living in the development in each apartment category.
 - b. Fill in the number of **Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname)** families presently living in the development in each apartment category.
 - c. Fill in the number of **Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)** families presently living in the development in each apartment category.
 - d. Fill in the number of **American Indian or Alaska Native (a person having origins in any of the original peoples of North or South America)** families presently living in the development in each apartment category.
 - e. Fill in the number of **Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)** families presently living in the development in each apartment category.
 - f. Fill in the number of **White or Caucasian (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)** families presently living in the development in each apartment category.
 - g. Fill in the number of apartment rental turnovers (changes of lease holders) within the period covered by this report.
12.
 - a. Fill in the number of African American\Black; Hispanic\Latino; Asian ; American Indian\Alaskan Native; Native Hawaiian\Pacific Islander, and White\Caucasian applicants this year.
 - b. Fill in the number of African American\Black; Hispanic\Latino; Asian ; American Indian\Alaskan Native; Native Hawaiian\Pacific Islander, and White\Caucasian applicants accepted for tenancy in the period covered by this report.
13. Self explanatory.
14.
 - a. List all newspapers or other publications in which rental advertisements have been placed by either the owner or rental agent within the reporting period and check the box that best describes the frequency of such ads. The boxes are: "R" (regularly; once a week or more during at least three of the last six months); "C" (concentrated; a single period of one week or more of advertising during the last six months); "O" (occasionally; scattered ads a couple of times a month); "S" (single; one ad running for less than a week).
 - b. List the names, addresses and types of all organizations, such as employers and community groups, which you have requested to refer prospective tenants to you. Indicate the total number of persons referred within the reporting period.
 - c. Self explanatory.
15. Is the building federally subsidized (Section 8) by HUD or any other government agency? If yes, provide the name of your HUD monitor or government agency.
16. Is the building or development accessible to the disabled? If so, provide the number and size of the units designed to accommodate disabled persons. State to what extent the building or development is accessible.

Return one (1) copy only. You may **type** or **clearly print**. Answer all questions. If a question does not apply, do not leave it blank. Instead, write, "Does Not Apply." If additional space is needed to answer any of these questions, please use additional sheets of paper and sign your name on all additional sheets, as well as on the original reporting form.

Return completed form by January 30, 2004 to:
Division on Civil Rights, MDRR UNIT, P.O. Box 089, Trenton, NJ 08625-0089.

IMPORTANT GUIDELINES FOR COLLECTING DATA - PLEASE READ
The Division recommends that the following means be utilized by owners to collect the information required by the Division’s Multiple Dwelling Reporting Rule.

TENANTS\APPLICANTS

The Division has developed a “Multiple Dwelling Reporting Rule Tenant/Applicant Inquiry Form” to assist landlords in collecting, recording, and retaining the information required by the Multiple Dwelling Reporting Rule. The form should be used to assist the landlord in completing the annual MDRR report. Please note that the use of this form is not a requirement, however, landlords must maintain the information required by the MDRR in any uniform convenient manner separate and apart from rental records.

The Tenant/Applicant Inquiry Form is composed of two parts. The top portion is designed to educate tenants/applicants about the New Jersey Law Against Discrimination, *N.J.S.A.* 10:5-1 to -49, and to clarify the Division’s intention in collecting the required information. The tenant/applicant should retain the top portion after completing the form. The bottom portion should be completed by the tenant/applicant. If the tenant/applicant refuses to complete the form, the landlord is required to conduct a visual observation of the tenant/applicant and then complete the form as accurately as possible. **The completed form, or the information collected must be kept separate and apart from rental records and must be retained for a period of three years.**

NOTE-N.J.A.C. 13:10-1.1 et seq. does not authorize any owner or owner’s agent to ask or record the religion, gender, affectional or sexual orientation, or citizenship status of any tenant or applicant.